

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-429)**

SERIAL NO.

644875

FILING DATE

9-19-00

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	W/O.	OFP.	W/O.	OFP.	W/O.	OFP.
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